

**Telephone interview with CAPT Wayne C. Hanson, MC, USN (Ret.), surgeon aboard USS *Solace*. Conducted by Jan K. Herman, Historian, Bureau of Medicine and Surgery, 21 May 1997. (1921-2014)**

**I want to ask you where you're from.**

I was born in Chico, CA. This is a little town...It used to be a little town, at least, in the Sacramento Valley. My father was a farmer.

**When did you decide that you wanted to be a physician?**

It's really hard to say. It hovered in the back of my mind through high school, although I was interested in mechanical things. I was primarily interested in civil engineering but when I went to college I got interested in scientific things and I became an assistant in the biological laboratory. From then on it was well established that I was going to go into medicine.

**When did you decide to join the Navy?**

You have to remember that I graduated medical school in 1941. And the war had been going on for 2 years by that time. We were all thinking about what was going to happen and a lot of the other students were in the Army Reserve and when it came time for my internship in 1940 I applied to the Navy for a Navy internship but I have a visual and a hearing deficit. The hearing was not very bad. It did not bother me, but I did wear glasses. But with two disabilities, I was turned down.

But the next year it had become obvious that we were going to get into it sooner or later. They were building up the forces and so when I applied again for admission in the Navy, I was accepted. I finally received orders to report for active duty on the 12th of July, 1941. I remained on active duty from then on.

**When you came into the Navy as a physician, was there any additional medical training that you got?**

I went to the Naval Medical School for a period of about 3 months to be briefed a little bit on tropical medicine, and how to handle combat casualties and some of the fundamentals of the Navy Department--how we got supplies, equipment, and so on. If there was one thing that was lacking was any training on being a naval officer. You sort of learned it as you went along by trial and error.

**Where was the Naval Medical School at that time?**

I went out to Bethesda. It was an active hospital then. That was in the spring of 1942.

**Did you get orders to the *Solace* right away?**

No. I left from medical school to a destroyer and spent a year and a half on the USS *Lardner* (DD-487). She was a new ship, a Bristol type destroyer just being commissioned at the Brooklyn Navy Yard. I went from Washington to New York and went aboard sometime in late June.

**Where did the ship go?**

We went for a training period in the coastal waters of the Atlantic and then went down through the Panama Canal as part of a convoy of combat ships that were going out to the South Pacific. By then, or shortly afterwards, the Solomons campaign started and so they were

interested in getting us out there. We arrived there sometime in September, I think. We were active in a number of the battles associated with Guadalcanal. Finally I received orders back to San Diego to go to training in urology. I had 6 months in urology from November of '43 until May of '44.

**Was it after you finished urology that you were assigned to the *Solace*?**

That's right. I went from that training to the *Solace* and went aboard at Guam, 2 days after we began our offensive to take Guam back again. That was July 24th, 1944.

**What were your impressions seeing that beautiful white ship for the first time?**

By this time I had been a good many ships and was an old hat at it. But it was a beautiful ship. You have to remember that it was built for vacation travel. I think it went primarily between New York and Bermuda originally. It had very soft, elegant lines to it and the stacks leaned a little bit to give it a sort of speedy appearance. It was just a lovely looking ship. There was never another one quite like it.

**You had an operating room. Did you act as a surgeon?**

Oh yes. We had a rather large operating room. This ship was equipped just like a hospital. The operating room was forward and there were two rooms, one on each side that were about 12 by 15 or 20 feet, rather large. None of the rooms could actually... We could put two operating tables in and have two patients at one time. We had everything we needed that was available back in a main hospital in the United States.

**What were the wards like?**

In converting the ship they had just taken out the rooms, I'm assuming. They left the rooms above for the crew--the officer crew, at least, and the nurses--but they had just cleaned out the spaces and had put in double, and in some areas, triple-decked bunks, one on each side of a stanchion. And then three high in some areas. In some areas, they were just two high. This was the configuration and it doubled or tripled the capacity of the ship for taking care of people. We could handle about... I think we had beds for something around 500 but we liked to handle about 700.

**What were your impressions of the medical crew?**

They were very competent. The medical staff were from main hospitals and from medical schools and training facilities and they were all very competent. They were all reservists. I was the only regular Navy medical officer aboard. The nurses...I'm not sure how many were regular Navy but probably more of them were regular than reserve.

**Were the corpsmen well trained?**

They were as well trained as the corpsmen at that time. You have to remember that these young men learned very fast. I ran a shock room right off the quarterdeck where the injured who were in shock were brought aboard. This was for patients who came aboard and were not doing well and needed immediate care of one type or another. We were equipped to give them blood and plasma and oxygen and take temporarily take care of wounds.

**You talked about the other physicians. You said that most of them were reservists who came from some of the best hospitals and training centers in the country. How did you find the regular line crew.**

On our ship, at least, we got along just wonderfully. Our skipper was a man who was old enough to have been in World War I and he was a real gentleman, a real naval officer. The whole crew was very good and well liked by everybody.

**You mentioned that you were involved in the Guam to retake Guam. What are your recollections of that campaign?**

We were involved in several beach heads and our involvement was always just come into the harbor, drop the hook, and take aboard wounded. A large ship like that coming in could be seen from a great distance off and by the time we had anchored boats were coming alongside with wounded.

**How did you bring them aboard?**

This was an old pleasure ship so we had a nice ladder--stairway actually--that went down and a platform at the bottom of it so that the boats could come up alongside and pass the wounded right over onto the platform and then they were brought up to the quarterdeck by corpsmen.

**So, it was a floating platform?**

No, it wasn't. It was just was a platform at the bottom of the gangway.

**Was there some type of triage once the wounded were brought aboard?**

A medical officer was there to check each patient and assign him to a ward or an area and usually this was a psychiatrist who really didn't have anything to do at that point. Not like the rest of us who were actively taking care of wounded people. He would send them to whatever ward they needed. If the person were doing very poorly and essentially in shock, then he would transfer them into our room, the shock room.

**What condition were these patients in who were coming aboard from Guam?**

I can't really say that those coming aboard from Guam were any different from any other but they had been wounded probably from 6 to 24 hours before. Some of them had flesh wounds or wounds that were not interfering with life at that point. But they were all in pretty good condition. Those who were not in good condition died before they came aboard.

**Had many of them received a lot of care prior to the time you saw them?**

Very little. They had received morphine, IV fluids, and their wounds had been dressed. That's about it.

**So this was basically first aid treatment and nothing more.**

That's right.

**What was your job in the shock room, mainly to stabilize these wounded and get them evacuated further down the line, or did you do a lot of definitive care?**

There was no place to evacuate them to. We were the final facility.

**What I meant was, once you got them aboard, you didn't stay on station. You took them back to a base hospital.**

Yes. And that usually took 4 or 5 days.

**Were you able to perform definitive care for these patients in the meantime?**

Oh yes. When many of them were taken off the ship, they had been completely treated. They only needed to recuperate from their wounds. Those with head, abdominal, or chest injuries would be sent to a base hospital and treated there. Others were further evacuated back to the mainland. Remember, this was long before we had air transportation so that evacuation process was getting them back to the mainland which took the better part of a month.

**Do you have any specific recollections of the Iwo Jima campaign or Okinawa, or do these battles simply reflect what you saw at Guam?**

I have very vivid memories of when we were at Peleliu, which was a bitterly fought battle and Iwo Jima where again it was a bitter battle, and finally Okinawa. Iwo Jima is one that stuck with me very much because we were just ready to keep up with the number of wounded. We finally sailed with well over 700 patients and we had not taken care of all of them. Fortunately, there were other ships in the area who could handle it.

**Do you recall anything about Okinawa. Did you witness any of the kamikaze attacks?**

I did see a kamikaze attack at Okinawa. One of the kamikazes came down hitting a cruiser and I vivid memories of that one. There was all sorts of fire being thrown up at this plane by the ship that was hit as well as every other ship in the area and the plane went through, right down smack into one of the forward batteries.

**Did you handle some of the casualties from that cruiser?**

I don't remember. We could well have. This happened on our third trip back to Okinawa.

**So you were there from the very beginning, from April when the landings began.**

As a matter of fact, we were there about 3 or 4 days before. There was a little group of islands south of Okinawa--Kerama Retto. There was a nice harbor there and we were there until a day after the Marines and soldiers landed. And then we moved up off the beach at Okinawa and began taking on casualties.

**Were you able to witness the bombardment of the beach?**

No. They kept us out of the immediate area until the landing force had gone ashore. We didn't see any of the preparations for the landings.

**What was the routine? You would stay out at sea far enough off the beach to be protected and then you would come in in the morning. How did all that work?**

We would come in and drop the hook and take on casualties. And then just before sundown we would pull up the anchor and go out to sea and come back in at sun up the next morning. This was to get out of the way of the combat vessels and also keep the enemy from

doing something to us. There were some beaches we came into, particularly on the second and third trip where we would stay all night. We would just drop the hook and stay there.

**I know there were Geneva regulations regarding hospital ships being illuminated but I would guess you probably turned the lights off.**

If we were anchored and the battle was going on, ordinarily we would be blacked out. I think when we were anchored we were always blacked out. We were only illuminated when we went out to sea.

**What your specific primary care duties? Were you acting as a urologist or a urology surgeon?**

At that point it was general surgery. I was a urologist only was there was a urological problem. And then they would call me in to do whatever was necessary.

**How long did you remain aboard the *Solace*?**

I remained aboard until the war ended. At the end of the war we began making trips back and forth between San Francisco and Hawaii mainly taking the female population back. There were a lot of WAVEs and WAACs too in Hawaii. We took them back to San Francisco and then we took out some of the dependents going back to Hawaii. In November I was transferred to the naval hospital on Treasure Island in San Francisco.